Public Health Reports

VOLUME 61 AUGUST 30, 1946 NUMBER 35

IN THIS ISSUE

The Public Health Service is devoting this issue of PUBLIC HEALTH REPORTS to the recent international health conference and to the World Health Organization now being created. This movement should be of lasting significance and importance in public health history.

The United States has played a leading role in laying the ground work for the World Health Organization. Our responsiblity for continued support and participation is great. Public health workers and all other friends of public health will wish to understand fully the aims, objectives, and functions of the new World Health Organization.

We in the United States must carry on two major jobs at once—we must maintain a place of leadership in world health affairs and at the same time redouble our efforts to attain a more comprehensive health program at home. We are faced with great opportunities for service to humanity.

Thomas Parran

Surgeon General.

AUGUST 30, 1946.

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Public Health Reports

Vol. 61 • AUGUST 30, 1946 • *No. 35*

Printed With the Approval of the Bureau of the Budget as Required by Rule 42 of the Joint Committee on Printing

THE WORLD HEALTH ORGANIZATION [1]

July 22, 1946, will be an historic day for public health and medicine. On that day, representatives of 61 nations signed the constitution of the World Health Organization, the first fully empowered international agency in public health.

The International Health Conference which established the World Health Organization was the first conference to be called by the United Nations. It is appropriate that this honor went to the field of public health and medicine, and emphasized its role in the development of international peace and friendship. The World Health Organization is the first specialized agency of the United Nations to which every member of the United Nations has subscribed. More than that, nations not members of the United Nations were invited to the deliberations and were asked to join the organization, and 10 such nations also signed the charter.

The nature and the purposes of the World Health Organization are well implied in its name. Deliberately discarded were more restrictive names such as the International Health Organization or the Health Organization of the United Nations. For the first time, emphasis was laid not upon quarantine and checking epidemics, and other defensive measures, but upon positive, aggressive action toward health in its broadest sense. The preamble begins upon this note, declaring that "Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity." And this standard of health is defined as one of the fundamental rights of every human being.

Preliminary Steps

The history of the World Health Organization begins at the United Nations Conference on International Organization which met in San Francisco on April 25, 1945. At the instigation of Brazil, the word "health" was introduced in applicable sections of chapters IX and X

[1] From the Office of International Health Relations, U. S. Public Health Service.

of the Charter of the United Nations, dealing with international economic and social cooperation. The Conference also recognized the importance of health problems and their solution by approving unanimously a joint declaration proposed by Brazil and China for the purpose of establishing an international health organization.

Plans for bringing into being an international health organization were started shortly thereafter in several nations. In the United States, the Surgeon General of the Public Health Service established the Office of International Health Relations, and the Health Branch of the Division of International Labor, Social and Health Affairs of the Department of State was staffed with Public Health Service officers to work on this problem. In October 1945, the plans developed by these groups were examined by an advisory health group of 30 leaders in public health and civic activities, called together by the Department of State under the chairmanship of Dr. Thomas Parran. The interest of the United States in this field was impressively emphasized by the Senate, which in December 1945, passed a joint resolution requesting the President to take immediate steps toward the early convening of a health conference and the formation of an international health organization.

Suggestions were made for calling the international health conference under the sponsorship of several nations, but it was decided that this action should come through the United Nations. As a result, on February 15, 1946, the Economic and Social Council of the United Nations adopted a resolution calling for a Technical Preparatory Committee on Health to meet in Paris, and an International Health Conference to be convened in New York in June 1946.

The Technical Preparatory Committee on Health met in Paris on March 18, 1946. The Committee was composed of 16 experts [2] named by the Economic and Social Council, accompanied by alternates and advisors. The Committee elected Doctor René Sand of Belgium as its chairman. During a 3-week session, annotated agenda and proposals for an International Health Conference were prepared. Four basic documents, submitted by France, the United Kingdom, the United States, and Yugoslavia, were considered as a basis for the development of a constitution for a single new international health organization. The documents submitted by France and Yugoslavia served in the development of the preamble, and the United States document was used as the basis for the remainder of the proposed constitution.

The proposals as agreed upon by the Technical Preparatory Committee were circulated among all members of the United Nations.

[2] Bermann (Argentina), Sand (Belgium), de Paula Souza (Brazil), Chisholm (Canada), King and Sze (China), Cancik (Czechoslovakia), Shousha (Egypt), Cavaillon and Leclainche (France), Mani and Katial (India), Martinez-Baez (Mexico), Evang (Norway), Kacprzak (Poland), Jameson and Mackenzie (U. K.), Parran and Doull (U. S. A.), Stampar (Yugoslavia). U. S. S. R. was invited but did not attend.

A conviction was expressed that membership in the proposed World Health Organization should be open to all nations, and a resolution recommending participation as observers of nations not members of the United Nations at the International Health Conference was adopted. Dr. Parran, in his official report, concludes that the meeting was marked by a desire for the speedy development of a World Health Organization of broad scope and high purpose as a specialized agency to be brought into relationship with the United Nations.

International Health Conference

The International Health Conference called by the Economic and Social Council of the United Nations met in New York City on June 19, 1946, and continued its sessions until July 22, 1946. Delegations from all of the 51 United Nations [3] took part in the deliberations; representatives from 13 nonmember nations [4]—3 allied control authorities [5] and 10 international organizations [6]—attended the meetings as observers. Dr. Parran, Surgeon General of the United States Public Health Service and chief delegate of the United States, was elected unanimously as president of the Conference. Vice presidents of the Conference were Sir William Jameson, United Kingdom; Dr. Fedor G. Krotkov, Union of Soviet Socialist Republics; Dr. James Kofoi Shen, China; Dr. Geraldo H. de Paula Souza, Brazil; and Dr. Andre Cavaillon, France.

In addition to Dr. Parran, the United States delegation consisted of Dr. Martha M. Eliot, Associate Director of the Children's Bureau, Federal Security Agency (vice chairman); Dr. Frank G. Boudreau, Director of the Milbank Memorial Fund; Edwin B. Fred, President of the University of Wisconsin and member of the National Advisory Health Council; Dr. James E. Paullin, past President of the American Medical Association; and Durward V. Sandifer, Chief of the Division of International Organization Affairs, Department of State.

The preparatory work done before the Conference greatly facilitated the progress of the meeting. There were, in effect, only two major unresolved problems upon which no previous agreement had been reached. One of these problems was whether the Soviet Union would

[3] Argentina, Australia, Belgium, Bolivia, Brazil, Byelorussia, Canada, Chile, China, Colombia, Costa Rica, Cuba, Czechoslovakia, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, France, Greece, Guatemala, Haiti, Honduras, India, Iran, Iraq, Lebanon, Liberia, Luxemburg, Mexico, Netherlands, New Zealand, Nicaragua, Norway, Panama, Paraguay, Peru, Philippine Republic, Poland, Saudi Arabia, Syria, Turkey, Ukraine, Union of Soviet Socialist Republics, Union of South Africa, United Kingdom, United States, Uruguay, Venezuela, Yugoslavia.

[4] Albania, Austria, Bulgaria, Eire, Finland, Hungary, Iceland, Italy, Portugal, Siam, Sweden, Switzerland, Transjordan. Afghanistan, Rumania, and Yemen were also invited to send observers, but were not represented.

[5] Germany, Japan, Korea.

[6] Food and Agriculture Organization, International Labor Organization, League of Red Cross Societies, Office of International d'Hygiène Publique, Pan American Sanitary Bureau, Provisional International Civil Aviation Organization, Rockefeller Foundation, United Nations Educational, Scientific and Cultural Organization, United Nations Relief and Rehabilitation Administration, World Federation of Trade Unions.

participate in the discussions and join the organization. This subject was resolved by the arrival of delegates from the Soviet Union, ably led by the Deputy Minister of Health of the U. S. S. R., Dr. Krotkov. The second problem confronting the Conference concerned regionalization and the role of existing international organizations dealing in the field of public health. It had been decided in Paris that the Office of International d'Hygiène Publique should be absorbed by the World Health Organization, and the same action was agreed upon regarding the fate of the Health Section of the League of Nations and of the epidemiologic intelligence of the health section of the United Nations Relief and Rehabilitation Administration. The Conference decided that the Pan American Sanitary Bureau should be integrated with the Organization through "common action based on mutual consent."

It is worthy of note that although prolonged debate took place on several issues, particularly on regionalization and the admittance to membership of nations not members of the United Nations, and although close votes were recorded on some points of detail, the decisions reached on all matters were approved unanimously by the Conference. As a result, representatives of all of the United Nations signed the charter at the end of the meeting, China and the United Kingdom without reservation and the remainder of the nations *ad referendum*. Ten nations not members of the United Nations also affixed their signatures to the constitution.[7] Nations which did not attend the Conference will be admitted as members when their applications have been approved by a simple majority vote of the Health Assembly.

Interim Commission

The World Health Organization will come into being when 26 members of the United Nations ratify the signatures of their delegates. For the period between the Conference and the first meeting of the Organization, the Conference set up an Interim Commission to conduct the essential business of the Organization, and to work out details of agreements between the World Health Organization and other international agencies. The Interim Commission consists of 18 nations.[8] Its temporary chairman was Dr. Krotkov, and its present chairman is Dr. Andrija Stampar of Yugoslavia. The Conference selected Dr. G. B. Chisholm of Canada as the Executive Secretary of the Interim Commission. Officers of the permanent organization will be selected at the first meeting of the World Health Organization, which will probably convene within the forthcoming year.

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[7] Albania, Austria, Bulgaria, Eire, Finland, Italy, Portugal, Siam, Switzerland, and Transjordan.

[8] Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukraine, United Kingdom, United States, Union of Soviet Socialist Republics, Venezuela, Yugoslavia.

World Health Organization

The organizational framework of the World Health Organization thus has been laid. With ratification by 26 nations, the Organization will come into being, and will be ready to start its functions.

What, then, will be the functions of this new health organization of the world? In other words, what can the world expect this organization to achieve?

Examination of the constitution will show that the International Health Conference created a document that is idealistic, yet practical, broad in scope, yet sufficiently specific, and has formed an organizational pattern that will enable it to go far toward the fulfillment of its functions and purposes.

The functions of the World Health Organization are set forth in detail in article 2 of its constitution, which is published elsewhere in this issue.

The work of the Organization shall be carried out by the World Health Assembly, composed of delegates representing the member nations and chosen from among persons most qualified by their technical competence in the field of health. The Health Assembly shall meet annually. Each nation shall have one vote. Territories which are not responsible for the conduct of their international relations may be admitted as associate members, and representatives from such areas should be chosen from technically qualified members of the native population.

An Executive Board, consisting of 18 persons designated by as many member nations and holding office for 3 years, shall act as the executive organ of the Health Assembly and give effect to the decisions and policies of the Health Assembly. The Secretariat shall comprise the Director-General and such technical and administrative staff as the Organization may require. This includes the establishment of committees in various technical and other fields, as determined by the Board. The Director-General shall have direct access to national health organizations, governmental or nongovernmental.

The Health Assembly shall define the geographical areas in which it is desirable to establish regional organizations to meet the special needs of such areas. Each regional organization shall be an integral part of the Organization. The Organization shall be brought into relation with the United Nations as one of the specialized agencies referred to in article 57 of the Charter of the United Nations.

The first tasks of the World Health Organization undoubtedly will concern themselves with the age-old scourges of man, accentuated by the devastation of the war. The need is urgent for caring for the sick and wounded, for feeding the hungry, controlling epidemic diseases, and providing basic environmental sanitation. By pooling the resources and the knowledge and skills of all nations, the day of elimi-

nation of such diseases as malaria, tuberculosis, and syphilis can be achieved.

Beyond the immediate needs, the World Health Organization looks forward toward leading the struggle in each country, with the help and encouragement of all other countries, for long-term programs of health services to protect the people from the ravages of disease and to insure to every individual a standard of health compatible with the technical achievements of the medical sciences. And, using the broad definition of health, the goal of application of technical achievements to all men is not limited to physical well-being. Mental hygiene, in helping man to adjust to his environment, must be used in combination with education in preventing the insanity of another total war, and destroying the basic causes of war.

The speed with which this meeting was called, following the signing of the Charter of the United Nations in San Francisco a year ago, testifies to the thoroughness of preliminary foundations. It testifies also to the practical value of previous international experiences in health agreements, even as limited as they were. In 1851 the French government called an international conference to discuss uniform quarantine codes. Soon after the turn of the century there came into existence the Office International d'Hygiene Publique and the Pan American Sanitary Bureau, which at the outset were concerned primarily with administering treaties dealing with the exchange of epidemic intelligence and preventing, through quarantine, the spread of disease from one country to another. Later these two organizations expanded their programs into other important fields. The League of Nations established a Health Organization which has been highly successful. At one time or another, important studies were sponsored in malaria, nutrition, rural hygiene, syphilis, and leprosy. International exchange of students and health experts was fostered. And, as you all know, significant progress was made in the standardization of drugs and biologicals.

The health problems to be encountered—in fact those already being encountered—cut widely across the relations between nations. Many other international agencies touch the field of health. For example, the Food and Agriculture Organization is concerned, on a world-wide basis, with nutrition; the International Labor Office with industrial hygiene and social insurance; the civil aviation agency with the spread of disease through rapid transport; the Trusteeship Council with the health of dependent peoples; the Narcotics Commission with habit-forming drugs. It is to be expected that the world health agency will work with these and other agencies in technical matters and join with them in reaching a common goal. It is contemplated, also, that the Economic and Social Council of the United Nations will act as the coordinator to prevent overlapping, and gaps, in those fields with which two or more specialized agencies are concerned.

There is thus a sound heritage of experience upon which the new international health organization will draw. The tasks ahead are great, but their accomplishment will bring great rewards.

CHARTER FOR WORLD HEALTH [1]

By THOMAS PARRAN, *Surgeon General, United States Public Health Service, and President, International Health Conference*

This has been an historic international health conference. Its success equals that of any comparable international gathering. This has been due to the outstanding ability of you, the delegates, who are the leaders of the world in public health and medicine, and to the professional atmosphere and spirit of cooperation which has marked this month of arduous work.

The foundation of our work was laid by the Economic and Social Council last February in calling the conference, and by the constructive work of its Preparatory Committee of Experts in Paris. It has been greatly aided by the excellence of the Secretariat which the United Nations has provided. To the Council, the Preparatory Committee, and the Secretariat we express our deep appreciation.

The nations represented here today are signing a Magna Carta for health, which will bring into being a world health organization unique in its scope, authority, and functions. Its broad purpose is the attainment by all peoples of the highest possible level of health and well-being. We are convinced that health is not merely the absence of disease or infirmity but a state of complete physical, mental, and social well-being, the enjoyment of which we declare to be a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition. We believe its attainment is essential for peace and security.

It is becoming clear that the health sciences can contribute to man's ability to live harmoniously in a changing total environment. Thus, improved health enhances standards of living, promotes economic prosperity, and contributes to our total objective, which is peace. The fundamental freedoms can be realized only when people are healthy and well nourished.

In the field of health, nations are interdependent. Epidemics anywhere in the world are dangerous to other nations. Low standards of health lay a burden upon prosperity and trade, imposing an economic handicap on every nation and on the world as a whole.

While the responsibility for health within its own borders is of

[1] Delivered at the signing of the Charter of The World Health Organization, Henry Hudson Hotel, New York City, July 22, 1946.

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primary concern to each nation, the success of each can be greatly enhanced through international teamwork. The world health center we are creating, therefore, should be the directing and coordinating agency to provide information, leadership, and assistance in every phase of health work. Not only will the organization aid in disseminating and applying all of the scientific knowledge we now possess to prevent disease and promote health but it will encourage and conduct scientific research to forge more effective tools to control disease. Better remedies will be discovered. New preventives will be found. As a result, there will be brought under better control many of the human ills which now take such a large toll in disability and death. Cancer, heart disease, mental illness, and degenerative diseases, for example, are obvious targets for such international scientific endeavor.

Public health is a dynamic composite of many scientific disciplines. Through their application the average life span in the more advanced countries has been doubled during the past century. Yet, progress has been very uneven in the different nations. In some countries, for example, one-half of all children born do not reach 5 years of age. The average life span is about half of that attained in the more fortunate nations.

Recently we have seen the miracles which can be accomplished by the sulfa drugs and penicillin, yet only a small proportion of the world's population has access to those remedies. For a large part of the world's people doctors and hospitals, in the modern sense, are virtually unknown. Even such an elementary requirement for health as an uncontaminated water supply is lacking over large areas of the earth.

To achieve the great objectives of the World Health Organization will require our best, our most persistent, efforts. But our efforts alone are not enough. We must bring to the rank and file of mankind—to the common man everywhere—an understanding and appreciation of the elements of health, and a consuming desire to achieve it. Without this our signatures on a document here in New York will have little meaning. The World Health Organization, therefore, must be built for human service, must give practical help to the world's people, must undertake first things first.

During the past 40 years our nations have acquired some experience in international health action, first through efforts to prevent, through quarantine and through exchange of epidemic intelligence, pestilential disease from spreading between nations. During the years between the two world wars those efforts were broadened to include mutual help in disease control, in training of health personnel, in gathering valuable statistics, and in standardization of certain drugs and biologic products. During the war the United Nations pooled fully their military efforts to prevent disease. All of this experience will be useful to us in our tasks ahead.

A CHARTER FOR WORLD HEALTH COMES INTO BEING

The Presiding Officer's table at the International Health Conference as the Constitution of the World Health Organization was being signed, on July 22, 1946, in New York City. From left to right: Dr. G. B. Chisholm, Canada, Executive Secretary of the Interim Commission; Arkady Sobolev, Acting Secretary-General of the United Nations; Dr. Thomas Parran, United States, President of the Conference; Henri Laugier, Assistant Secretary-General for Social Affairs, United Nations; Dr. Yves Biraud, Secretary of the Conference; Dr. Feodor Krotkov, Union of Soviet Socialist Republics, and Dr. James Kofei Shen China, Vice-Chairmen of the Conference. (Official United Nations photo.)

The World Health Organization will be prepared to use all of our most modern scientific knowledge, our best tools, wherever needed to help heal the wounds of war and to eliminate the ancient human plagues, such as malaria and cholera, tuberculosis, and syphilis. Prevention of disease is a first objective. But this is only a first stop. Hunger and malnutrition stunt the bodies and warp the minds of a large part of the world's population. To attain freedom from want of food is another goal which we may hope to reach by pooling our nutritional knowledge with the food and agricultural efforts of the United Nations.

A next step toward world health is the positive improvement of health—of physical and mental fitness. Higher levels of physical development, a longer, more productive, more vigorous life span will be sought and attained.

To help reach these goals we need not only to apply all the knowledge we now have for prevention, treatment, and control of disease everywhere in the world, but we need to conduct intensive research in the laboratory, at the bedside, and in the field to push back the frontiers of the unknown in the health sciences.

The several, measurable, scientific objectives are difficult, but not impossible of attainment. Yet at our Conference the practical scientists have not been content to stop at this point. We have an additional task.

Humane plans for health go for naught unless the peoples of the world can learn to live together in peace. Never again can our world disintegrate into the insanity of another total war.

Public health experts realize that science may be used either to save life or to destroy civilization. Whether science is to be used for good or for evil is not determined by scientists themselves. The same type of research worker may discover penicillin or atomic fission. It is the mass conscience of mankind—the dominance of the moral or the amoral—which determines whether research is to be used for life or death.

In our Magna Carta for health we have ventured to declare that we have a contribution to make to the central world problem of our day, which is to help man learn to live harmoniously with his fellow man. In making this proposition I, for one, believe that health science must share the task with religion and education.

The science of mental hygiene is one of our newer disciplines, concerned with the human mind and emotions. Even in its present early stage of development, it helps man adjust to his environment, to live in greater harmony with his family, his community, his world. This science of mental hygiene needs urgently to be developed and applied as a basic element in preventing war and destroying the seeds of war.

The World Health Organization is, therefore, a collective instrument which will promote physical and mental vigor, prevent and control disease, expand scientific health knowledge, and contribute to the harmony of human relations. In short, it is a powerful instrument forged for peace.

We return to our homes knowing that we have done our best. We hope that history will record a job well done.

CONSTITUTION OF THE WORLD HEALTH ORGANIZATION [1]

THE STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

CHAPTER I—OBJECTIVE

Article 1.—The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

CHAPTER II—FUNCTIONS

Article 2.—In order to achieve its objective, the functions of the Organization shall be:

(*a*) to act as the directing and coordinating authority on international health work;

(*b*) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups, and such other organizations as may be deemed appropriate;

(*c*) to assist governments, upon request, in strengthening health services;

(*d*) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments;

[1] Adopted July 22, 1946, by the International Health Conference convened by the Economic and Social Council of the United Nations, in New York City.

(*e*) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;

(*f*) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;

(*g*) to stimulate and advance work to eradicate epidemic, endemic, and other diseases;

(*h*) to promote, in cooperation with other specialized agencies where necessary, the prevention of accidental injuries;

(*i*) to promote, in cooperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions, and other aspects of environmental hygiene;

(*j*) to promote cooperation among scientific and professional groups which contribute to the advancement of health;

(*k*) to propose conventions, agreements, and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;

(*l*) to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;

(*m*) to foster activities in the field of mental health, especially those affecting the harmony of human relations;

(*n*) to promote and conduct research in the field of health;

(*o*) to promote improved standards of teaching and training in the health, medical and related professions;

(*p*) to study and report on, in cooperation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security;

(*q*) to provide information, counsel and assistance in the field of health;

(*r*) to assist in developing an informed public opinion among all peoples on matters of health;

(s) to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices;

(*t*) to standardize diagnostic procedures as necessary;

(*u*) to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products;

(*v*) generally to take all necessary action to attain the objective of the Organization.

CHAPTER III—MEMBERSHIP AND ASSOCIATE MEMBERSHIP

Article 3.—Membership in the Organization shall be open to all States.

Article 4.—Members of the United Nations may become Members of the Organization by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes.

Article 5.—The States whose governments have been invited to send observers to the International Health Conference held in New York, 1946, may become Members by signing or otherwise accepting this Constitution in accordance with the provisions of Chapter XIX and in accordance with their constitutional processes provided that such signature or acceptance shall be completed before the first session of the Health Assembly.

Article 6.—Subject to the conditions of any agreement between the United Nations and the Organization, approved pursuant to Chapter XVI, States which do not become Members in accordance with Articles 4 and 5 may apply to become Members and shall be admitted as Members when their application has been approved by a simple majority vote of the Health Assembly.

Article 7.—If a Member fails to meet its financial obligations to the Organization or in other exceptional circumstances the Health Assembly, may, on such conditions as it thinks proper, suspend the voting privileges and services to which

a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

Article 8.—Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application made on behalf of such territory or group of territories by the Member or other authority having responsibility for their international relations. Representatives of Associate Members to the Health Assembly should be qualified by their technical competence in the field of health and should be chosen from the native population. The nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly.

CHAPTER IV—ORGANS

Article 9.—The work of the Organization shall be carried out by:
(*a*) The World Health Assembly (hereinafter called the Health Assembly);
(*b*) The Executive Board (hereinafter called the Board);
(*c*) The Secretariat.

CHAPTER V—THE WORLD HEALTH ASSEMBLY

Article 10.—The Health Assembly shall be composed of delegates representing Members.

Article 11.—Each Member shall be represented by not more than three delegates, one of whom shall be designated by the Member as chief delegate. These delegates should be chosen from among persons most qualified by their technical competence in the field of health, preferably representing the national health administration of the Member.

Article 12.—Alternates and advisers may accompany delegates.

Article 13.—The Health Assembly shall meet in regular annual session and in such special sessions as may be necessary. Special sessions shall be convened at the request of the Board or of a majority of the Members.

Article 14.—The Health Assembly, at each annual session, shall select the country or region in which the next annual session shall be held, the Board subsequently fixing the place. The Board shall determine the place where a special session shall be held.

Article 15.—The Board, after consultation with the Secretary-General of the United Nations, shall determine the date of each annual and special session.

Article 16.—The Health Assembly shall elect its President and other officers at the beginning of each annual session. They shall hold office until their successors are elected.

Article 17.—The Health Assembly shall adopt its own rules of procedure.

Article 18.—The functions of the Health Assembly shall be:
(*a*) to determine the policies of the Organization;
(*b*) to name the Members entitled to designate a person to serve on the Board;
(*c*) to appoint the Director-General;
(*d*) to review and approve reports and activities of the Board and of the Director-General and to instruct the Board in regard to matters upon which action, study, investigation or report may be considered desirable;
(*e*) to establish such committees as may be considered necessary for the work of the Organization;
(*f*) to supervise the financial policies of the Organization and to review and approve the budget;
(*g*) to instruct the Board and the Director-General to bring to the attention of Members and of international organizations, governmental or nongovernmental, any matter with regard to health which the Health Assembly may consider appropriate;
(*h*) to invite any organization, international or national, governmental or nongovernmental, which has responsibilities related to those of the Organization,

to appoint representatives to participate, without right of vote, in its meetings or in these of the committees and conferences convened under its authority, on conditions prescribed by the Health Assembly; but in the case of national organizations, invitations shall be issued only with the consent of the government concerned;

(*i*) to consider recommendations bearing on health made by the General Assembly, the Economic and Social Council, the Security Council or Trusteeship Council of the United Nations, and to report to them on the steps taken by the Organization to give effect to such recommendations;

(*j*) to report to the Economic and Social Council in accordance with any agreement between the Organization and the United Nations;

(*k*) to promote and conduct research in the field of health by the personnel of the Organization, by the establishment of its own institutions or by cooperation with official or nonofficial institutions of any Member with the consent of its government;

(*l*) to establish such other institutions as it may consider desirable;

(*m*) to take any other appropriate action to further the objective of the Organization.

Article 19.—The Health Assembly shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements which shall come into force for each Member when accepted by it in accordance with its constitutional processes.

Article 20.—Each Member undertakes that it will, within 18 months after the adoption by the Health Assembly of a convention or agreement, take action relative to the acceptance of such convention or agreement. Each Member shall notify the Director-General of the action taken and if it does not accept such convention or agreement within the time limit, it will furnish a statement of the reasons for nonacceptance. In case of acceptance, each Member agrees to make an annual report to the Director-General in accordance with Chapter XIV.

Article 21.—The Health Assembly shall have authority to adopt regulations concerning:

(*a*) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;

(*b*) nomenclatures with respect to diseases, causes of death and public health practices;

(*c*) standards with respect to diagnostic procedures for international use;

(*d*) standards with respect to the safety, purity and potency of biological, pharmaceutical, and similar products moving in international commerce;

(*e*) advertising and labeling of biological, pharmaceutical and similar products moving in international commerce.

Article 22.—Such Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

Article 23.—The Health Assembly shall have authority to make recommendations to Members with respect to any matter within the competence of the Organization.

CHAPTER VI—THE EXECUTIVE BOARD

Article 24.—The Board shall consist of 18 persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

Article 25.—These Members shall be elected for 3 years and may be re-elected; provided that of the Members elected at the first session of the Health Assembly,

the terms of six Members shall be for 1 year and the terms of six Members shall be for 2 years, as determined by lot.

Article 26.—The Board shall meet at least twice a year and shall determine the place of each meeting.

Article 27.—The Board shall elect its Chairman from among its Members and shall adopt its own rules of procedure.

Article 28.—The functions of the Board shall be:

(*a*) to give effect to the decisions and policies of the Health Assembly;
(*b*) to act as the executive organ of the Health Assembly;
(*c*) to perform any other functions entrusted to it by the Health Assembly;
(*d*) to advise the Health Assembly on questions referred to it by that body and on matters assigned to the Organization by conventions, agreements, and regulations;
(*e*) to submit advice or proposals to the Health Assembly on its own initiative;
(*f*) to prepare the agenda of meetings of the Health Assembly;
(*g*) to submit to the Health Assembly for consideration and approval a general program of work covering a specific period;
(*h*) to study all questions within its competence;
(*i*) to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the Director-General.

Article 29.—The Board shall exercise on behalf of the whole Health Assembly the powers delegated to it by that body.

CHAPTER VII—THE SECRETARIAT

Article 30.—The Secretariat shall comprise the Director-General and such technical and administrative staff as the Organization may require.

Article 31.—The Director-General shall be appointed by the Health Assembly on the nomination of the Board on such terms as the Health Assembly may determine. The Director-General, subject to the authority of the Board, shall be the chief technical and administrative officer of the Organization.

Article 32.—The Director-General shall be ex-officio Secretary of the Health Assembly, of the Board, of all commissions and committees of the Organization and of conferences convened by it. He may delegate these functions.

Article 33.—The Director-General or his representative may establish a procedure by agreement with Members, permitting him, for the purpose of discharging his duties, to have direct access to their various departments, especially to their health administrations and to national health organizations, governmental or nongovernmental. He may also establish direct relations with international organizations whose activities come within the competence of the Organization. He shall keep Regional Offices informed on all matters involving their respective areas.

Article 34.—The Director-General shall prepare and submit annually to the Board the financial statements and budget estimates of the Organization.

Article 35.—The Director-General shall appoint the staff of the Secretariat in accordance with staff regulations established by the Health Assembly. The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity, and internationally representative character of the Secretariat shall be maintained at the highest level. Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible.

Article 36.—The conditions of service of the staff of the Organization shall conform as far as possible with those of other United Nations organizations.

Article 37.—In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.

CHAPTER VIII—COMMITTEES

Article 38.—The Board shall establish such committees as the Health Assembly may direct and, on its own initiative or on the proposal of the Director-General, may establish any other committees considered desirable to serve any purpose within the competence of the Organization.

Article 39.—The Board, from time to time and in any event annually, shall review the necessity for continuing each committee.

Article 40.—The Board may provide for the creation of or the participation by the Organization in joint or mixed committees with other organizations and for the representation of the Organization in committees established by such other organizations.

CHAPTER IX—CONFERENCES

Article 41.—The Health Assembly or the Board may convene local, general, technical or other special conferences to consider any matter within the competence of the Organization and may provide for the representation at such conferences of international organizations and, with the consent of the government concerned, of national organizations, governmental or nongovernmental. The manner of such representation shall be determined by the Health Assembly or the Board.

Article 42.—The Board may provide for representation of the Organization at conferences in which the Board considers that the Organization has an interest.

CHAPTER X—HEADQUARTERS

Article 43.—The location of the headquarters of the Organization shall be determined by the Health Assembly after consultation with the United Nations.

CHAPTER XI—REGIONAL ARRANGEMENTS

Article 44.—

(*a*) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.

(*b*) The Health Assembly may, with the consent of a majority of the Members situated within each area so defined, establish a regional organization to meet the special needs of such area. There shall not be more than one regional organization in each area.

Article 45.—Each regional organization shall be an integral part of the Organization in accordance with this Constitution.

Article 46.—Each regional organization shall consist of a Regional Committee and a Regional Office.

Article 47.—Regional Committees shall be composed of representatives of the Member States and Associate Members in the region concerned. Territories or groups of territories within the region, which are not responsible for the conduct of their international relations and which are not Associate Members, shall have the right to be represented and to participate in Regional Committees. The nature and extent of the rights and obligations of these territories or groups of territories in Regional Committees shall be determined by the Health Assembly in consultation with the Member or other authority having responsibility for the international relations of these territories and with the Member States in the region.

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Article 48.—Regional Committees shall meet as often as necessary and shall determine the place of each meeting.

Article 49.—Regional Committees shall adopt their own rules of procedure.

Article 50.—The functions of the Regional Committee shall be:

(*a*) to formulate policies governing matters of an exclusively regional character;

(*b*) to supervise the activities of the Regional Office;

(*c*) to suggest to the Regional office the calling of technical conferences and such additional work or investigation in health matters as in the opinion of the Regional Committee would promote the objective of the Organization within the region;

(*d*) to co-operate with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization;

(*e*) to tender advice, through the Director-General, to the organization on international health matters which have wider than regional significance;

(*f*) to recommend additional regional appropriations by the governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying out of the regional functions;

(*g*) such other functions as may be delegated to the Regional Committee by the Health Assembly, the Board or the Director General.

Article 51.—Subject to the general authority of the Director-General of the Organization, the Regional Office shall be the administrative organ of the Regional Committee. It shall, in addition, carry out within the region the decisions of the Health Assembly and of the Board.

Article 52.—The head of the Regional Office shall be the Regional Director appointed by the Board in agreement with the Regional Committee.

Article 53.—The staff of the Regional Office shall be appointed in a manner to be determined by agreement between the Director-General and the Regional Director.

Article 54.—The Pan-American sanitary organization represented by the Pan-American Sanitary Bureau and the Pan-American Sanitary Conferences, and all other intergovernmental regional health organizations in existence prior to the date of signature of this Constitution, shall in due course be integrated with the Organization. This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.

CHAPTER XII—BUDGET AND EXPENSES

Article 55.—The Director-General shall prepare and submit to the Board the annual budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable.

Article 56.—Subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly.

Article 57.—The Health Assembly or the Board acting on behalf of the Health Assembly may accept and administer gifts and bequests made to the Organization provided that the conditions attached to such gifts or bequests are acceptable to the Health Assembly or the Board and are consistent with the objective and policies of the Organization.

Article 58.—A special fund to be used at the discretion of the Board shall be established to meet emergencies and unforeseen contingencies.

CHAPTER XIII—VOTING

Article 59.—Each Member shall have one vote in the Health Assembly.

Article 60.—(*a*) Decisions of the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting. These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and intergovernmental organizations and agencies in accordance with Articles 69, 70, and 72; amendments to this Constitution.

(*b*) Decisions on other questions, including the determination of additional categories of questions to be decided by a two-thirds majority, shall be made by a majority of the Members present and voting.

(*c*) Voting on analogous matters in the Board and in committees of the Organization shall be made in accordance with paragraphs (*a*) and (*b*) of this article.

CHAPTER XIV—REPORTS SUBMITTED BY STATES

Article 61.—Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people.

Article 62.—Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements, and regulations.

Article 63.—Each Member shall communicate promptly to the Organization important laws, regulations, official reports and statistics pertaining to health which have been published in the State concerned.

Article 64.—Each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly.

Article 65.—Each Member shall transmit upon the request of the Board such additional information pertaining to health as may be practicable.

CHAPTER XV—LEGAL CAPACITY, PRIVILEGES, AND IMMUNITIES

Article 66.—The Organization shall enjoy in the territory of each Member such legal capacity as may be necessary for the fulfilment of its objective and for the exercise of its functions.

Article 67.—(*a*) The Organization shall enjoy in the territory of each Member such privileges and immunities as may be necessary for the fulfilment of its objective and for the exercise of its functions.

(*b*) Representatives of Members, persons designated to serve on the Board, and technical and administrative personnel of the Organization shall similarly enjoy such privileges and immunities as are necessary for the independent exercise of their functions in connection with the Organization.

Article 68.—Such legal capacity, privileges, and immunities shall be defined in a separate agreement to be prepared by the Organization in consultation with the Secretary-General of the United Nations and concluded between the Members.

CHAPTER XVI—RELATIONS WITH OTHER ORGANIZATIONS

Article 69.—The Organization shall be brought into relation with the United Nations as one of the specialized agencies referred to in Article 57 of the Charter of the United Nations. The agreement or agreements bringing the Organization into relation with the United Nations shall be subject to approval by a two-thirds vote of the Health Assembly.

Article 70.—The Organization shall establish effective relations and cooperate closely with such other intergovernmental organizations as may be desirable. Any formal agreement entered into with such organizations shall be subject to approval by a two-thirds vote of the Health Assembly.

Article 71.—The Organization may, on matters within its competence, make suitable arrangements for consultation and cooperation with nongovernmental international organizations and, with the consent of the government concerned, with national organizations, governmental or nongovernmental.

Article 72.—Subject to the approval by a two-thirds vote of the Health Assembly, the Organization may take over from any other international organization or agency whose purpose and activities lie within the field of competence of the Organization such functions, resources, and obligations as may be conferred upon the Organization by international agreement or by mutually acceptable arrangements entered into between the competent authorities of the respective organization.

CHAPTER XVII—AMENDMENTS

Article 73.—Texts of proposed amendments to this Constitution shall be communicated by the Director-General to Members at least 6 months in advance of their consideration by the Health Assembly. Amendments shall come into force for all Members when adopted by a two-thirds vote of the Health Assembly and accepted by two-thirds of the Members in accordance with their respective constitutional processes.

CHAPTER XVIII—INTERPRETATION

Article 74.—The Chinese, English, French, Russian, and Spanish texts of this Constitution shall be regarded as equally authentic.

Article 75.—Any question or dispute concerning the interpretation or application of this Constitution which is not settled by negotiation or by the Health Assembly shall be referred to the International Court of Justice in conformity with the Statute of the Court, unless the parties concerned agree on another mode of settlement.

Article 76.—Upon authorization by the General Assembly of the United Nations or upon authorization in accordance with any agreement between the Organization and the United Nations, the Organization may request the International Court of Justice for an advisory opinion on any legal question arising within the competence of the Organization.

Article 77.—The Director-General may appear before the Court on behalf of the Organization in connection with any proceedings arising out of any such request for an advisory opinion. He shall make arrangements for the presentation of the case before the Court including arrangements for the argument of different views on the question.

CHAPTER XIX—ENTRY INTO FORCE

Article 78.—Subject to the provisions of Chapter III, this Constitution shall remain open to all States for signature or acceptance.

Article 79.—(*a*) States may become parties to this Constitution by

(i) signature without reservation as to approval;
(ii) signature subject to approval followed by acceptance; or
(iii) acceptance.

(*b*) Acceptance shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations.

Article 80.—This Constitution shall come into force when 26 Members of the United Nations have become parties to it in accordance with the provisions of Article 79.

Article 81.—In accordance with Article 102 of the Charter of the United Nations, the Secretary-General of the United Nations will register this Constitution when

it has been signed without reservation as to approval on behalf of one State or upon deposit of the first instrument of acceptance.

Article 82.—The Secretary-General of the United Nations will inform States parties to this Constitution of the date when it has come into force. He will also inform them of the dates when other States have become parties to this Constitution.

IN FAITH WHEREOF the undersigned representatives having been duly authorized for that purpose, sign this Constitution.

DONE in the City of New York this twenty-second day of July 1946, in a single copy in the Chinese, English, French, Russian, and Spanish languages, each text being equally authentic. The original texts shall be deposited in the archives of the United Nations. The Secretary-General of the United Nations will send certified copies to each of the Governments represented at the Conference.

ARRANGEMENT CONCLUDED BY THE GOVERNMENTS REPRESENTED AT THE INTERNATIONAL HEALTH CONFERENCE

THE GOVERNMENTS represented at the International Health Conference convened on 19 June 1946 in the City of New York by the Economic and Social Council of the United Nations,

Having agreed that an international organization to be known as the World Health Organization shall be established,

Having this day agreed upon a Constitution for the World Health Organization, and

Having resolved that, pending the coming into force of the Constitution and the establishment of the World Health Organization, as provided in the Constitution, an Interim Commission should be established,

AGREE as follows:

1. There is hereby established an Interim Commission of the World Health Organization consisting of 18 persons to be designated by the following States: Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukrainian Soviet Socialist Republic, United Kingdom, United States of America, Union of Soviet Socialist Republics, Venezuela, and Yugoslavia. Each of these States should designate to the Interim Commission a person technically qualified in the field of health, who may be accompained by alternates and advisers.

2. The functions of the Interim Commission shall be:

(*a*) To convoke the first session of the World Health Assembly as soon as practicable, but not later than 6 months after the date on which the Constitution of the Organization comes into force;

(*b*) To prepare and submit to the signatories to this Arrangement, at least 6 weeks before the first session of the Health Assembly, the provisional agenda for that session and necessary documents and recommendations relating thereto, including:

(i) Proposals as to program and budget for the first year of the Organization,

(ii) Studies regarding location of headquarters of the Organization,

(iii) Studies regarding the definition of geographical areas with a view to the eventual establishment of regional organizations as contemplated in Chapter XI of the Constitution, due consideration being given to the views of the governments concerned, and

(iv) Draft financial and staff regulations for approval by the Health Assembly.

In carrying out the provisions of this paragraph due consideration shall be given to the proceedings of the International Health Conference.

(c) To enter into negotiations with the United Nations with a view to the preparation of an agreement or agreements as contemplated in Article 57 of the Charter of the United Nations and in Article 69 of the Constitution. Such agreement or agreements shall

(i) Provide for effective cooperation between the two organizations in the pursuit of their common purposes;

(ii) Facilitate, in conformity with Article 58 of the Charter, the coordination of the policies and activities of the Organization with those of other specialized agencies; and

(iii) At the same time recognize the autonomy of the Organization within the field of its competence as defined in its Constitution.

(d) To take all necessary steps to effect the transfer from the United Nations to the Interim Commission of the functions, activities, and assets of the League of Nations Health Organization which have been assigned to the United Nations;

(e) To take all necessary steps in accordance with the provisions of the Protocol concerning the Office International d'Hygiene publique signed 22 July 1946 for the transfer to the Interim Commission of the duties and functions of the Office, and to initiate any action necessary to facilitate the transfer of the assets and liabilities of the Office to the World Health Organization upon the termination of the Rome Agreement of 1907;

(f) To take all necessary steps for assumption by the Interim Commission of the duties and functions entrusted to the United Nations Relief and Rehabilitation Administration by the International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, the Protocol to Prolong the International Sanitary Convention, 1944, the International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention for Aerial Navigation of 12 April 1933, and the Protocol to Prolong the International Sanitary Convention for Aerial Navigation, 1944;

(g) To enter into the necessary arrangements with the Pan-American sanitary organization and other existing inter-governmental regional health organizatons with a view to giving effect to the provisions of Article 54 of the Constitution, which arrangements shall be subject to approval by the Health Assembly;

(h) To establish effective relations and enter into negotiations with a view to concluding agreements with other inter-governmental organizations as contemplated in Article 70 of the Constitution;

(i) To study the question of relations with non-governmental international organizations and with national organizations in accordance with Article 71 of the Constitution, and to make interim arrangements for consultation and cooperation with such organizations as the Interim Commission may consider desirable;

(j) To undertake initial preparations for revising, unifying and strengthening existing international sanitary conventions;

(k) To review existing machinery and undertake such preparatory work as may be necessary in connection with:

(i) The next decennial revision of "The International Lists of Causes of Death" (including the lists adopted under the International Agreement of 1934 relating to Statistics of Causes of Death); and

(ii) The establishment of International Lists of Causes of Morbidity;

(l) To establish effective liaison with the Economic and Social Council and such of its commissions as may appear desirable, in particular the Commission on Narcotic Drugs; and

(m) To consider any urgent health problem which may be brought to its notice by any government, to give technical advice in regard thereto, to bring urgent health needs to the attention of governments and organizations which may be in a position to assist, and to take such steps as may be desirable to coordinate any assistance such governments and organizations may undertake to provide.

3. The Interim Commission may establish such committees as it considers desirable.

4. The Interim Commission shall elect its Chairman and other officers, adopt its own rules of procedure and consult such persons as may be necessary to facilitate its work.

5. The Interim Commission shall appoint an Executive Secretary who shall:

(a) Be its chief technical and administrative officer;

(b) Be ex-officio secretary of the Interim Commission and of all committees established by it;

(*c*) Have direct access to national health administrations in such manner as may be acceptable to the government concerned; and

(*d*) Perform such other functions and duties as the Interim Commission may determine.

6. The Executive Secretary, subject to the general authority of the Interim Commission, shall appoint such technical and administrative staff as may be required. In making these appointments he shall have due regard for the principles embodied in Article 36 of the Constitution. He shall take into consideration the desirability of appointing available personnel from the staffs of the League of Nations Health Organization, the Office International d'Hygiene publique, and the Health Division of the United Nations Relief and Rehabilitation Administration. He may appoint officials and specialists made available by governments. Pending the recruitment and organization of his staff, he may utilize such technical and administrative assistance as the Secretary-General of the United Nations may make available.

7. The Interim Commission shall hold its first session in New York immediately after its appointment and shall meet thereafter as often as may be necessary but not less than once in every four months. At each session the Interim Commission shall determine the place of its next session.

8. The expenses of the Interim Commission shall be met from funds provided by the United Nations and for this purpose the Interim Commission shall make the necessary arrangements with the appropriate authorities of the United Nations. Should these funds be insufficient, the Interim Commission may accept advances from governments. Such advances may be set off against the contributions of the governments concerned to the Organization.

9. The Executive Secretary shall prepare and the Interim Commission shall review and approve budget estimates:

(*a*) For the period from the establishment of the Interim Commission until 31 December 1946, and

(*b*) For subsequent periods as necessary.

10. The Interim Commission shall submit a report of its activities to the Health Assembly at its first session.

11. The Interim Commission shall cease to exist upon resolution of the Health Assembly at its first session, at which time the property and records of the Interim Commission and such of its staff as may be required, shall be transferred to the Organization.

12. This Arrangement shall come into force for all signatories on this day's date.

IN FAITH WHEREOF the undersigned representatives, having been duly authorized for that purpose, sign this Arrangement in the Chinese, English, French, Russian, and Spanish languages, all texts being equally authentic.

SIGNED at the City of New York this 22nd day of July 1946.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED AUGUST 10, 1946

Summary

A total of 1,579 cases of poliomyelitis was reported for the week, as compared with 1,284 last week, 1,016 for the same week in 1944, and a 5-year (1941–45) median of 545. Decreases were recorded in the New England, South Atlantic, and West South Central areas. The largest increase (555 to 701), as well as 44 percent of the week's total, was reported in the West North Central area. Decreases occurred in 14 of the 37 States reporting currently 5 or more cases. The 25 States reporting 17 or more cases are as follows (last week's figures in parentheses): *Increases*—New York 70 (43), New Jersey 18 (14), Indiana 21 (11), Illinois 131 (117), Michigan 74 (46), Wisconsin 31 (30), Minnesota 360 (257), Missouri 80 (77), South Dakota 70 (23), Nebraska 45 (37), Tennessee 17 (10), Alabama 44 (14), Mississippi 22 (9), Oklahoma 40 (28), Wyoming 18 (6), Washington 17 (13), California 115 (60); *decreases*—Ohio 25 (44), Iowa 48 (50), North Dakota 24 (31), Kansas 74 (80), Arkansas 17 (30), Louisiana 17 (20), Texas 34 (43), Colorado 53 (63). The total for the year to date is 7,034, as compared with 5,008 for the period in 1944 and a 5-year median of 3,311.

Of 138 cases of typhoid and paratyphoid fever reported during the current week, Texas reported 18 (last week 31), and Louisiana 11 (last week 2). The total to date is 2,379, as compared with 2,625 for the period last year, and a 5-year median of 3,090.

The incidence of diphtheria continues above the 5-year (1941–45) median expectancy. A total of 9,696 cases has been reported to date, as compared with 8,078 in 1945, 6,580 in 1944, and a 5-year median of 7,241 for the same period.

Of 23 cases of infectious encephalitis reported for the current week, 9 occurred in California, where 88 cases have been reported to date this year, most of which occurred in Fresno and Kern Counties.

Deaths recorded for the week in 93 large cities of the United States totaled 7,866, as compared with 7,986 last week, 7,919 and 8,223, respectively, for the corresponding weeks of 1945 and 1944, and a 3-year (1943–45) average of 8,064. The total to date is 297,437, as compared with 292,237 for the corresponding period last year.

Telegraphic morbidity reports from State health officers for the week ended August 10, 1946, and comparison with corresponding week of 1945 and 5-year median

In these tables a zero indicates a definite report, while leaders imply that, although none was reported, cases may have occurred.

Division and State	Diphtheria			Influenza			Measles			Meningitis, meningococcus		
	Week ended—		Median 1941–45	Week ended—		Median 1941–45	Week ended—		Median 1941–45	Week ended—		Median 1941–45
	Aug. 10, 1946	Aug. 11, 1945		Aug. 10, 1946	Aug. 11, 1945		Aug. 10, 1946	Aug. 11, 1945		Aug. 10, 1946	Aug. 11, 1945	
NEW ENGLAND												
Maine	4	5	1	-	-	-	16	3	12	0	0	0
New Hampshire	0	0	0	-	-	-	11	1	-	0	0	0
Vermont	0	2	0	-	-	-	7	1	14	0	0	0
Massachusetts	7	4	3	-	-	-	114	80	80	1	0	3
Rhode Island	0	0	0	-	25	-	7	-	2	0	1	0
Connecticut	0	1	1	1	-	-	26	12	12	1	3	3
MIDDLE ATLANTIC												
New York	17	8	7	(1)	(1)	[1] 1	282	26	129	8	8	9
New Jersey	3	1	1	1	1	2	74	19	42	5	0	6
Pennsylvania	17	10	7	1	1	-	88	106	47	3	6	6
EAST NORTH CENTRAL												
Ohio	6	4	3	-	1	2	122	12	32	3	7	6
Indiana	4	5	5	-	6	3	9	7	7	3	4	1
Illinois	16	0	6	2	-	2	34	85	40	1	6	6
Michigan [2]	6	7	2	-	1	1	62	62	62	2	5	3
Wisconsin	5	2	1	28	9	7	112	35	144	1	1	1
WEST NORTH CENTRAL												
Minnesota	1	4	3	-	-	-	12	3	9	2	1	1
Iowa	6	4	3	-	-	-	22	9	9	1	1	1
Missouri	4	0	1	3	3	1	-	7	16	4	0	0
North Dakota	2	5	0	2	-	-	-	-	5	0	0	0
South Dakota	1	6	2	-	-	-	4	1	2	0	0	0
Nebraska	1	3	1	4	-	2	9	5	10	2	0	0
Kansas	9	4	2	1	-	-	6	10	10	0	2	0
SOUTH ATLANTIC												
Delaware	0	0	0	-	-	-	2	-	-	0	1	1
Maryland [3]	4	3	2	-	-	-	34	-	5	1	2	2
District of Columbia	0	1	0	-	-	-	4	1	6	2	3	1
Virginia	6	6	8	103	74	37	32	4	11	2	1	2
West Virginia	0	1	4	1	4	2	3	-	1	0	2	0
North Carolina	6	25	11	-	-	-	8	7	31	2	3	2
South Carolina	3	12	7	128	86	98	52	11	11	0	0	0
Georgia	11	11	9	4	6	16	13	1	5	0	2	2
Florida	8	6	2	2	2	2	6	4	4	1	0	0
EAST SOUTH CENTRAL												
Kentucky	7	3	3	1	-	-	9	3	4	0	2	2
Tennessee	3	3	3	5	4	5	11	1	9	1	4	2
Alabama	7	12	11	1	33	16	5	3	3	0	1	1
Mississippi [3]	11	12	5	-	-	-	-	-	-	3	4	3
WEST SOUTH CENTRAL												
Arkansas	3	3	4	2	2	12	7	4	4	1	8	0
Louisiana	2	7	3	-	56	4	9	3	4	0	0	0
Oklahoma	1	3	1	2	12	6	4	6	10	0	0	0
Texas	18	29	25	205	376	210	105	50	50	3	8	3
MOUNTAIN												
Montana	0	0	1	8	-	-	9	9	3	0	0	0
Idaho	1	2	0	8	4	-	12	25	3	0	0	0
Wyoming	2	0	2	1	-	-	12	2	5	0	0	1
Colorado	8	3	3	2	-	9	22	20	20	0	1	1
New Mexico	1	3	1	-	-	-	8	-	2	2	0	0
Arizona	5	3	2	10	12	18	13	1	8	1	0	0
Utah [3]	0	0	0	-	4	-	12	54	12	0	0	0
Nevada	0	0	0	-	-	-	-	-	5	2	0	0
PACIFIC												
Washington	1	1	1	-	-	-	20	40	26	0	2	1
Oregon	6	2	2	-	3	3	8	13	20	2	1	2
California	17	29	13	5	6	13	105	196	133	7	6	6
Total	234	255	176	531	731	483	1,542	942	1,139	67	93	93
32 weeks	9,696	8,078	7,241	191,217	70,229	81,161	637,561	100,602	535,598	4,398	6,097	6,097

[1] New York City only. [3] Period ended earlier than Saturday.

Telegraphic morbidity reports from State health officers for the week ended August 10, 1946, and comparison with corresponding week of 1945 and 5-year median—Con.

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and paratyphoid fever [3]		
	Week ended—		Median 1941-45	Week ended—		Median 1941-45	Week ended—		Median 1941-45	Week ended—		Median 1941-45
	Aug. 10, 1946	Aug. 11, 1945		Aug. 10, 1946	Aug. 11, 1945		Aug. 10, 1946	Aug. 11, 1945		Aug. 10, 1946	Aug. 11, 1945	
NEW ENGLAND												
Maine	2	12	0	22	10	2	0	0	0	0	1	0
New Hampshire	8	0	0	0	2	2	0	0	0	1	0	0
Vermont	0	2	2	2	2	2	0	0	0	0	0	0
Massachusetts	9	28	4	30	43	47	0	0	0	5	3	3
Rhode Island	3	0	0	2	2	1	0	0	0	0	0	0
Connecticut	1	11	10	6	7	6	0	0	0	0	0	0
MIDDLE ATLANTIC												
New York	70	111	30	71	97	54	0	0	0	5	8	9
New Jersey	18	71	21	19	18	18	0	0	0	2	7	4
Pennsylvania	12	45	17	37	31	32	0	0	0	4	11	10
EAST NORTH CENTRAL												
Ohio	25	14	14	44	54	50	0	0	0	5	3	6
Indiana	21	12	12	10	13	10	0	0	1	3	2	5
Illinois	131	73	27	25	28	33	0	0	0	4	3	4
Michigan [1]	74	8	8	34	51	35	1	0	0	4	0	2
Wisconsin	31	6	2	18	37	37	0	0	0	1	0	0
WEST NORTH CENTRAL												
Minnesota	360	2	7	8	25	14	0	0	0	0	0	0
Iowa	48	6	5	7	8	9	0	0	0	0	0	0
Missouri	80	5	4	3	5	9	0	0	0	3	2	6
North Dakota	24	0	1	0	2	2	0	0	0	0	1	0
South Dakota	70	0	0	6	11	6	0	2	1	0	1	1
Nebraska	45	13	4	4	8	3	0	0	0	0	0	0
Kansas	74	3	3	3	23	15	1	0	0	2	1	2
SOUTH ATLANTIC												
Delaware	1	3	0	2	2	1	0	0	0	0	0	0
Maryland [1]	2	4	4	9	8	9	0	0	0	3	1	3
District of Columbia	0	13	2	3	3	3	0	0	0	0	0	0
Virginia	5	27	3	14	18	13	0	0	0	7	8	8
West Virginia	3	0	2	10	22	22	0	0	0	1	3	5
North Carolina	2	7	7	7	14	23	0	0	0	2	2	4
South Carolina	1	13	6	2	7	4	0	0	0	6	4	4
Georgia	[4] 9	8	5	4	15	7	0	0	0	2	16	15
Florida	9	3	2	1	3	2	0	0	0	0	5	6
EAST SOUTH CENTRAL												
Kentucky	8	0	6	11	17	13	0	0	0	6	11	17
Tennessee	17	24	12	8	13	12	0	0	0	3	3	8
Alabama	44	8	6	4	17	13	0	0	0	0	3	4
Mississippi [1]	22	3	3	2	7	4	0	0	0	5	4	4
WEST SOUTH CENTRAL												
Arkansas	17	2	3	4	7	3	0	0	0	4	0	7
Louisiana	17	2	2	1	3	2	0	0	0	11	3	7
Oklahoma	40	18	3	0	5	5	0	0	0	9	6	6
Texas	34	56	7	20	30	22	0	1	0	18	20	20
MOUNTAIN												
Montana	6	1	1	1	4	4	0	0	0	1	0	0
Idaho	0	0	0	1	2	1	0	1	0	5	1	0
Wyoming	18	0	0	1	0	0	0	0	0	1	0	0
Colorado	53	7	2	17	10	7	0	0	0	0	2	1
New Mexico	9	2	0	0	0	1	0	0	0	3	0	2
Arizona	5	0	2	2	2	2	0	0	0	1	0	1
Utah [1]	7	18	2	5	2	2	0	0	0	1	1	0
Nevada	2	1	0	0	0	0	0	0	0	0	0	0
PACIFIC												
Washington	17	17	3	4	15	11	0	0	0	0	1	0
Oregon	10	2	2	6	0	5	0	0	0	2	1	1
California	115	40	11	59	111	60	0	0	0	8	2	3
Total	1,579	701	545	555	814	660	2	4	5	138	140	197
32 weeks	[4] 7,034	3,614	3,311	86,295	133,818	96,866	275	265	607	2,379	2,625	3,090

[1] Period ended earlier than Saturday.

[3] Including paratyphoid fever reported separately, as follows: Massachusetts (salmonella infection) 2; New York 1; New Jersey 1; Ohio 2; Virginia 1; South Carolina 1; Georgia 1; Louisiana 2; Texas 2; California 2.

[4] Correction: Poliomyelitis, Georgia, week ended July 27, 15 instead of 16.

Telegraphic morbidity reports from State health officers for the week ended August 10, 1946, and comparison with corresponding week of 1945 and 5-year median—Con.

Division and State	Whooping cough			Week ended August 10, 1946							
	Week ended—		Median 1941–45	Dysentery			Encephalitis, infectious	Rocky Mt. spotted fever	Tularemia	Typhus fever, endemic	Undulant fever
	Aug. 10, 1946	Aug. 11, 1945		Amebic	Bacillary	Unspecified					
NEW ENGLAND											
Maine	24	26	20								
New Hampshire	7			1							
Vermont	9	21	39								1
Massachusetts	116	133	133							1	3
Rhode Island	22	11	13								
Connecticut	36	37	37	1							2
MIDDLE ATLANTIC											
New York	155	317	272	7	14		1				14
New Jersey	165	197	158					2			2
Pennsylvania	90	240	216								2
EAST NORTH CENTRAL											
Ohio	54	196	196				1	1			3
Indiana	20	34	34					2			4
Illinois	161	131	190	6	2		1	2	1		10
Michigan [1]	262	111	205	2							2
Wisconsin	227	55	220								7
WEST NORTH CENTRAL											
Minnesota	22	21	51	6							1
Iowa	38	9	20					1			6
Missouri	17	34	20			2	1	1	1		1
North Dakota	1	3	13				1				
South Dakota	4		4								1
Nebraska	6	1	9								
Kansas	40	20	42				1		1		3
SOUTH ATLANTIC											
Delaware	9		1								
Maryland [1]	31	69	74			1		5			
District of Columbia	3	15	15								
Virginia	74	53	53			112		3	2	4	2
West Virginia	25	20	29					1			
North Carolina	76	133	145					2		2	1
South Carolina	42	67	71		18						
Georgia	3	26	12		4		1	1		22	6
Florida	9	11	14			2				14	2
EAST SOUTH CENTRAL											
Kentucky	49	28	38		9				1		2
Tennessee	26	31	31	1	2		3	2	1		
Alabama	10	37	22							15	4
Mississippi [1]									3	5	4
WEST SOUTH CENTRAL											
Arkansas	15	26	14	2	10				5		3
Louisiana	8	35	13	2	2				1	10	5
Oklahoma	9	16	16	1	1			3			
Texas	148	179	179	9	209	58	2	1	1	31	19
MOUNTAIN											
Montana	4	3	17								
Idaho	14	4	3	1							
Wyoming	4	12	10								
Colorado	14	68	40								
New Mexico	4	2	4	1	1	2					
Arizona	1	5	13			17					
Utah [1]	1	36	36					1			
Nevada			3								
PACIFIC											
Washington	45	36	36				2				
Oregon	28	16	16	1				1			
California	55	219	155	3	11		9				5
Total	2,183	2,744	3,039	44	343	194	23	29	17	104	118
Same week, 1945	2,744			34	652	703	18	23	16	191	82
Average, 1943–45	2,858			46	601	468	17	[2] 24	13	[2] 164	
32 weeks, 1946	62,414			1,782	11,042	4,335	361	382	612	1,984	3,130
1945	82,149			1,158	15,608	5,673	260	329	508	2,501	3,029
Average, 1943–45	90,777		[2] 119,319	1,177	12,913	4,947	340	[2] 348	487	[2] 2,054	

[1] Period ended earlier than Saturday.
[2] 5-year median, 1941–45.

WEEKLY REPORTS FROM CITIES

City reports for week ended August 3, 1946

This table lists the reports from 84 cities of more than 10,000 population distributed throughout the United States, and represents a cross section of the current urban incidence of the diseases included in the table.

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
NEW ENGLAND												
Maine:												
Portland	0	0	------	0	------	0	3	0	0	0	0	2
New Hampshire:												
Concord	0	0	------	0	------	0	2	0	0	0	0	------
Massachusetts:												
Boston	3	0	------	0	21	0	6	5	11	0	1	22
Fall River	0	0	------	0	4	0	0	0	2	0	0	------
Springfield	0	0	------	0	6	0	0	0	2	0	0	23
Worcester	0	0	------	0	10	0	3	2	0	0	0	18
Rhode Island:												
Providence	1	0	------	0	11	1	3	0	1	0	0	10
Connecticut:												
Bridgeport	0	0	------	0	3	0	0	0	0	0	0	3
Hartford	0	0	------	0	1	0	0	0	0	0	0	1
New Haven	0	0	------	0	9	0	0	0	1	0	0	4
MIDDLE ATLANTIC												
New York:												
Buffalo	0	0	------	0	------	0	1	0	3	0	0	3
New York	13	0	1	1	43	1	39	22	16	0	2	78
Rochester	0	1	------	1	2	0	1	2	4	0	0	------
Syracuse	0	0	------	0	2	0	0	4	2	0	0	1
New Jersey:												
Camden	1	0	------	0	------	0	0	0	0	0	0	------
Newark	0	0	------	0	3	1	2	0	2	0	0	26
Trenton	0	0	------	0	1	0	0	0	0	0	1	2
Pennsylvania:												
Philadelphia	3	0	------	0	11	1	15	3	8	0	2	22
Pittsburgh	4	0	------	0	8	0	2	0	1	0	0	17
Reading	0	0	------	0	2	0	1	0	0	0	0	8
EAST NORTH CENTRAL												
Ohio:												
Cleveland	2	0	------	0	78	0	1	26	9	0	0	17
Columbus	0	0	------	0	------	0	2	0	1	0	0	3
Indiana:												
Fort Wayne	0	0	------	0	2	0	1	0	0	0	0	2
South Bend	0	0	------	0	------	0	0	0	0	0	0	------
Terre Haute	0	0	------	0	------	0	1	0	0	0	0	------
Illinois:												
Chicago	2	0	------	0	13	3	15	45	7	0	0	84
Springfield	0	0	------	0	1	0	0	0	0	0	0	------
Michigan:												
Detroit	3	1	------	0	10	0	3	22	6	0	3	94
Flint	0	0	------	0	------	1	4	0	1	0	0	8
Grand Rapids	0	0	------	0	------	0	0	3	2	0	0	18
Wisconsin:												
Kenosha	0	0	------	0	7	0	0	10	0	0	1	3
Milwaukee	0	0	------	0	7	0	4	2	4	0	0	89
Racine	0	0	------	0	10	0	0	0	0	0	0	5
Superior	0	0	------	0	------	0	0	2	0	0	0	9
WEST NORTH CENTRAL												
Minnesota:												
Duluth	0	0	------	0	------	0	0	3	1	0	0	2
Minneapolis	3	0	------	0	10	0	4	119	6	0	0	------
Missouri:												
Kansas City	0	0	------	0	------	0	4	15	2	0	0	4
St. Louis	0	0	------	0	4	0	4	36	5	0	1	1

City reports for week ended August 3, 1946—Continued

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
WEST NORTH CENTRAL—continued												
North Dakota:												
Fargo	0	0	------	0	------	0	0	14	1	0	0	1
Nebraska:												
Omaha	0	0	------	0	------	0	1	16	0	0	0	------
Kansas:												
Topeka	0	0	------	0	------	0	0	4	1	0	0	4
Wichita	0	1	------	0	------	0	4	0	0	0	0	------
SOUTH ATLANTIC												
Delaware:												
Wilmington	0	0	------	0	------	0	1	0	1	0	0	------
Maryland:												
Baltimore	5	0	------	0	49	0	1	0	3	0	0	29
Cumberland	0	0	------	0	------	0	0	0	0	0	0	------
Frederick	0	0	------	0	------	0	0	0	0	0	0	------
District of Columbia:												
Washington	0	0	------	0	19	0	4	2	2	0	0	10
Virginia:												
Lynchburg	1	0	------	0	------	0	0	0	0	0	0	------
Richmond	0	0	1	0	4	0	0	4	3	0	1	25
Roanoke	0	0	------	0	1	0	0	0	0	0	0	1
West Virginia:												
Charleston	0	0	------	0	------	0	0	0	0	0	0	------
Wheeling	0	0	------	0	------	0	1	0	1	0	1	1
North Carolina:												
Raleigh	0	0	------	0	1	0	0	0	0	0	1	2
Wilmington	0	0	------	0	------	0	0	0	2	0	0	------
Winston-Salem	0	0	------	0	------	0	1	0	0	0	0	23
South Carolina:												
Charleston	0	0	------	0	1	0	0	0	0	0	0	------
Georgia:												
Atlanta	0	0	------	0	3	0	3	1	1	0	0	------
Brunswick	0	0	------	0	------	0	0	0	0	0	1	------
Savannah	0	1	------	0	4	0	2	0	0	0	0	1
Florida:												
Tampa	0	0	------	0	------	0	0	0	0	0	0	2
EAST SOUTH CENTRAL												
Tennessee:												
Memphis	1	0	------	0	------	0	7	2	0	0	0	6
Nashville	0	0	------	0	------	0	4	0	1	0	0	1
Alabama:												
Birmingham	0	0	------	0	------	0	2	8	1	0	2	------
Mobile	0	0	------	0	------	0	0	2	3	0	0	------
WEST SOUTH CENTRAL												
Arkansas:												
Little Rock	0	0	------	0	------	0	0	7	0	0	0	------
Louisiana:												
New Orleans	0	0	1	0	5	0	5	17	0	0	0	4
Shreveport	0	0	------	0	------	0	1	1	0	0	0	------
Texas:												
Dallas	1	0	------	0	------	0	4	5	2	0	0	2
Galveston	0	0	------	0	------	0	3	0	0	0	0	------
Houston	10	0	------	0	2	1	4	2	1	0	0	------
San Antonio	0	0	------	0	------	0	5	3	1	0	0	3
MOUNTAIN												
Montana:												
Billings	0	0	------	0	5	0	0	0	1	0	0	------
Great Falls	0	0	------	0	2	0	1	0	0	0	0	2
Helena	0	0	------	0	------	0	0	0	0	0	0	------
Idaho:												
Boise	0	0	------	0	------	0	2	0	0	0	0	------
Colorado:												
Denver	6	0	1	0	2	0	6	10	15	0	0	3
Pueblo	0	0	------	0	------	0	0	1	1	0	0	------
Utah:												
Salt Lake City	0	0	------	0	3	0	2	6	1	*0	0	3

*Later information has been received that 1 case reported as smallpox in Salt Lake City, week ended July 27, was chickenpox.

City reports for week ended August 3, 1946—Continued

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
PACIFIC												
Washington:												
Seattle	2	0	------	0	6	0	3	1	2	0	0	17
Spokane	0	0	------	0	------	0	3	4	1	0	0	3
Tacoma	0	0	------	0	4	0	0	3	1	0	0	------
California:												
Los Angeles	7	0	------	0	15	0	0	25	4	0	3	12
Sacramento	0	1	------	0	------	0	1	0	2	0	0	------
San Francisco	0	0	------	0	5	1	6	0	4	0	0	2
Total	68	5	4	2	410	10	198	459	153	0	20	736
Corresponding week, 1945	48	-----	9	9	384	------	203	------	196	0	19	889
Average, 1941–45	39	----	21	[1] 5	[2] 429	------	[1] 219	------	200	0	29	1,019

Anthrax.—Cases: Philadelphia 1.
Dysentery, amebic.—Cases: Chicago 5; Detroit 3; Los Angeles 1.
Dysentery, bacillary.—Cases: New York 1; Chicago 1; Charleston, S. C., 3.
Dysentery, unspecified.—Cases: San Antonio 5.
Rocky Mountain spotted fever.—Cases: New York 1; St. Louis 1; Wilmington, Del., 1; Washington 1; Winston-Salem 1; Memphis 1.
Tularemia.—Cases: Chicago 1; Memphis 1.
Typhus fever, endemic.—Cases: Atlanta 2; Tampa 1; Nashville 1; New Orleans 5; Dallas 1; San Antonio 1; Los Angeles 1.

[1] 3-year average, 1943–45.
[2] 5-year median, 1941–45.

Rates (annual basis) per 100,000 population, by geographic groups, for the 84 cities in the preceding table (estimated population, 1943, 33,146,600)

	Diphtheria case rates	Encephalitis, infectious, case rates	Influenza		Measles case rates	Meningitis, meningococcus, case rates	Pneumonia death rates	Poliomyelitis case rates	Scarlet fever case rates	Smallpox case rates	Typhoid and paratyphoid fever case rates	Whooping cough case rates
			Case rates	Death rates								
New England	10.5	0.0	0.0	0.0	171	2.6	44.6	18.4	45	0.0	2.6	218
Middle Atlantic	9.7	0.5	0.5	0.9	33	1.4	28.2	14.3	17	0.0	2.3	73
East North Central	5.0	0.7	0.0	0.0	87	2.7	21.0	74.5	20	0.0	2.7	225
West North Central	6.9	2.3	0.0	0.0	32	0.0	38.9	473.8	37	0.0	2.3	27
South Atlantic	9.8	1.6	1.6	0.0	134	0.0	21.2	11.4	21	0.0	6.5	154
East South Central	5.9	0.0	0.0	0.0	0	0.0	76.7	70.8	30	0.0	11.8	41
West South Central	31.6	0.0	2.9	0.0	20	2.9	63.1	100.4	11	0.0	0.0	26
Mountain	48.8	0.0	8.1	0.0	98	0.0	89.4	138.2	146	0.0	0.0	65
Pacific	14.2	1.6	0.0	0.0	47	1.6	20.6	52.2	22	0.0	4.7	54
Total	10.7	0.8	0.6	0.3	65	1.6	31.2	72.4	24	0.0	3.2	116

PLAGUE INFECTION IN CALIFORNIA AND KANSAS

CALIFORNIA

Under dates of Aug. 6 and 9, 1946, plague infection was reported proved in specimens of tissue and fleas from ground squirrels, *C. beecheyi* collected in California, as follows:

Placer County.—A pool of 173 fleas from 49 ground squirrels taken 2½ miles northeast of Tahoe City, Tahoe National Forest, received at the laboratory July 22 and proved positive Aug. 5.

San Benito County.—Specimens taken 7 miles east of Tres Pinos: 600 fleas from 42 ground squirrels, collected Apr. 22; 400 fleas from 20 ground squirrels collected Apr. 23; tissue from 5 ground squirrels and 407 fleas from 46 ground squirrels, collected May 30; 407 fleas from 27 ground squirrels collected May 31; tissue from 6 ground squirrels collected July 3; tissue from 27 ground squirrels collected July 5. Specimen taken 5 miles east of Tres Pinos: tissue from 2 ground squirrels and 311 fleas from 12 ground squirrels, collected May 28. Specimens taken 7 miles east and 3 miles south of Tres Pinos: 107 fleas from 12 ground squirrels, collected May 29. Specimen taken 13 miles southeast of Tres Pinos: 41 fleas from 5 ground squirrels, collected May 29.

KANSAS

Scott County.—Plague infection was reported proved on August 2 in a pool of 312 fleas from 49 prairie dogs, *Cynomys* sp., collected on July 20, 12 miles west of Scott City and 6 miles north of State Highway No. 96.

This location is the farthest east in which plague infection has been reported in wild rodents or their ectoparasites in the United States. Localities farthest east in which the infection had previously been reported are Cheyenne and Morton Counties, Kansas, where plague-infection was found in fleas from mice (*Peromyscus* sp., and *Reithrodontomys* sp.) in June, July, and August 1945.

TERRITORIES AND POSSESSIONS

Panama Canal Zone

Notifiable diseases—June 1946.—During the month of June 1946 certain notifiable diseases were reported in the Panama Canal Zone, and terminal cities as follows:

Disease	Panama		Colon		Canal Zone		Outside the Zone and terminal cities		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Chickenpox	66		3		1		9		79	
Diphtheria	27		1				12		40	
Dysentery:										
Amebic	1				4		6		11	
Bacillary	2				1				3	
Malaria [1]	16	2	5		71		61	5	153	7
Measles	18				20		5		43	
Mumps	1				2		2		5	
Pneumonia		13		2	45			10	[2] 45	25
Tuberculosis		21		8	4			6	[2] 4	35
Typhoid fever	2						2		4	
Paratyphoid fever	1								1	
Whooping cough					1				[2] 1	

[1] 12 recurrent cases.
[2] In the Canal Zone only

Puerto Rico

Poliomyelitis.—From January 1 to August 5, 1946, a total of 57 cases of poliomyelitis was reported in Puerto Rico, including 17 cases reported for the first 5 days of August. The last previous year in which there was a moderate outbreak of poliomyelitis was 1942. The following table shows the numbers of cases of poliomyelitis reported by months for 1946 and for the same period of 1942:

Month	1946	1942	Month	1946	1942
January	1	0	May	2	0
February	1	1	June	6	1
March	3	1	July	24	29
April	3	0			

* * * *

DEATHS DURING WEEK ENDED AUG. 3, 1946

[From the Weekly Mortality Index, issued by the National Office of Vital Statistics]

	Week ended Aug. 3, 1946	Corresponding week, 1945
Data for 93 large cities of the United States:		
Total deaths	7,986	8,152
Average for 3 prior years	8,191	
Total deaths, first 31 weeks of year	289,518	284,318
Deaths under 1 year of age	671	604
Average for 3 prior years	635	
Deaths under 1 year of age, first 31 weeks of year	19,439	18,846
Data from industrial insurance companies:		
Policies in force	67,229,415	67,379,112
Number of death claims	11,209	11,574
Death claims per 1,000 policies in force, annual rate	8.7	9.0
Death claims per 1,000 policies, first 31 weeks of year, annual rate	10.0	10.6

* * * *

FOREIGN REPORTS

CANADA

Provinces—Communicable diseases—Week ended July 13, 1946.—During the week ended July 13, 1946, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Chickenpox		7		39	208	30	31	31	50	396
Diphtheria		3		16	2	1		2	1	25
German measles				7	11	2		7	2	29
Influenza					2				1	3
Measles		16		87	562	127	56	174	26	1,048
Meningitis, meningococcus						1				1
Mumps		5		13	200	19	35	26	77	375
Poliomyelitis			1	3	2	1				7
Scarlet fever		1	5	25	43	10	3	10	7	104
Tuberculosis (all forms)		5	3	137	67	11	20	49	61	353
Typhoid and paratyphoid fever				11	6	1			14	32
Undulant fever				6	2			2		10
Venereal diseases:										
Gonorrhea	5	17	19	146	140	66	37	51	108	589
Syphilis	1	8	14	85	100	12	11	8	62	301
Whooping cough		13		34	127	5		17	7	203

WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From medical officers of the Public Health Service, American consuls, International Office of Public Health, Pan American Sanitary Bureau, health section of the League of Nations, UNRRA, and other sources. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

[C indicates cases]

NOTE.—Since many of the figures in the following tables are from weekly reports, the accumulated totals are for approximate dates.

Place		January–May 1946	June 1946	July 1946—week ended— 6	13	20	27
ASIA							
Burma	C	573	247		264	70	
Bassein	C	11	12		2		
Moulmein	C	41	1			2	1
Rangoon	C	4	1	8	8	2	
Ceylon	C	31	10	11			
China:							
Anhwei Province	C		12			[1] 18	
Chekiang Province	C	4	184				[2] 80
Fukien Province	C	5	22			[1] 38	
Honan Province	C	18	13			[1] 3	
Hunan Province	C	1				[1] 9	
Hupeh Province	C	223	65				
Kiangsu Province	C	[3] 109	1,821			[1] 567	
Kwangsi Province	C	449	45			[1] 10	
Kwangtung Province	C	756	1,558		[4] 173		
Canton	C	584	1,097		[4] 169		
Hong Kong	C	45	285	47	30	16	14
Szechwan Province	C	4	36				

[1] For the period July 1–20, 1946.
[2] For the month of July.
[3] Includes imported cases.
[4] For the period July 1–10, 1946.

CHOLERA—Continued

Place		January–May 1946	June 1946	July 1946—week ended— 6	13	20	27
India	C	40,920	11,317	826			
Calcutta	C	1,384	183	20	25	23	
Chittagong	C	7	1				
Madras	C	3					
India (French)	C		1				
Indochina (French):							
Cambodia	C		162				
Cochinchina	C	778	41				
Bien Hoa	C	24					
Chaudok	C	21					
Mytho	C	142					
Saigon-Cholon	C	15	20				
Vinh-long	C	7					
Japan:							
Formosa (Island of)	C	48					
Hondo	C	118					
Malay States	C		27	75	34	56	19
Manchuria	C			12			[3] 358
Mukden	C					27	
Siam (Thailand)	C	1,613	751	249	341		
Bangkok	C	355	32	3	1		4
Straits Settlements: Singapore	C	[6] 1					

[1] For the period July 21–31, 1946.
[6] Imported.

PLAGUE

[C indicates cases; P, present]

AFRICA							
Algeria	C	2					
Bechuanaland	C	10					
Belgian Congo	C	4				1	
British East Africa:							
Kenya	C	18	6				
Uganda	C	12					
Egypt	C	93	52	5	8	8	9
Alexandria	C	53	38	2	7	4	5
Ismailiya	C	20					2
Port Said	C	1	3	1	1	2	2
Suez	C	19	11			2	
Libya: Tripolitania—Plague-infected rats			1				
Madagascar	C	131	1		[1] 1		
Union of South Africa	C	1					
ASIA							
Burma	C	648	117		80	74	
Bassein	C	15	2			2	
Rangoon	C	110	16		3	2	5
China:							
Chekiang Province	C	145	71				
Fukien Province	C	1,908	1,041			[2] 92	
Amoy	C	49	201				
Foochow	C	684	363				
Kiangsi Province	C	88	25		[1] 9		
Kwangtung Province	C	322	52				
Yunnan Province	C	26					
India	C	11,715	440	43			
Indochina (French): Cochinchina	C	1	2				
Japan: Formosa	C		[3] 5				
Java	C	28	2				
Manchuria	C	[4] 52					
Mukden	C	[4] 39					
Palestine	C	13	2				
Siam (Thailand)	C	16	2				
EUROPE							
Great Britain: Malta	C	2	4				
Portugal: Azores	C	[6] 14					
NORTH AMERICA							
Canada: Nova Scotia	C				[6] 1		

[1] For the period July 1–10, 1946.
[2] For the period July 1–20, 1946. Imported from the China coast.
[4] Pneumonic.
[5] Includes 2 cases of pneumonic plague.
[6] Suspected.

PLAGUE—Continued

Place		January–May 1946	June 1946	July 1946—week ended— 6	13	20	27
SOUTH AMERICA							
Bolivia:							
Santa Cruz Department	C	12					
Tarija Department—Plague-infected rats		P					
Ecuador:							
Chimborazo Province	C		2				
Loja Province	C	6					
Peru:							
Lambayeque Department	C	11					
Lima Department	C	19					
Piura Department	C		14				
OCEANIA							
Hawaii Territory: Plague-infected rats		[1] 5					

[1] Plague infection was also proved positive in Hawaii Territory on Feb. 5, 1946, in a pool of 29 rats, and on Apr. 13, 1946, in a pool of 54 fleas and 15 lice recovered from 7 rats and 22 mice. Under date of July 3, 1946, plague infection was reported in a pool of 50 fleas recovered from 7 rats and 46 mice, and in a pool of 51 fleas recovered from 10 rats. Under date of July 17, 1946, plague infection was reported in a pool of 48 fleas recovered from 22 rats, and in a pool of 56 fleas recovered from 33 rats.

SMALLPOX

[C indicates cases; P, present]

AFRICA							
Algeria	C	13					
Basutoland	C	8	19				
Belgian Congo	C	[1] 852	[1] 251	[1] 29		[1] 47	
British East Africa:							
Kenya	C	459	76	17	28	30	
Nyasaland	C	178	55	16	10		
Tanganyika	C	1,666	[2] 1,921	128			
Uganda	C	435	45	7			
Cameroon (French)	C	62	1			[2] 4	
Dahomey	C	1,110	9			[2] 75	
Egypt	C	269	98	5			
Eritrea	C	[1] 2					
French Equatorial Africa	C	154					
French Guinea	C	574	96				
French West Africa: Dakar District	C	38	1		1		
Gambia	C	6	1				
Gold Coast	C	749	2		13	13	
Ivory Coast	C	742	226			[2] 33	
Libya	C	52	16	1	41	2	4
Mauritania	C	1					
Morocco (French)	C	1,738	81			[2] 16	
Morocco (Int. Zone)	C	175					
Nigeria	C	4,602	417				
Niger Territory	C	398	2			[2] 18	
Rhodesia:							
Northern	C	247	15	17			
Southern	C	1				1	
Senegal	C	94					
Sierra Leone	C	350	11				
Somaliland (Italian)	C	1					
Sudan (Anglo-Egyptian)	C	32	6	1	1	1	2
Sudan (French)	C	1,837	26			[2] 8	
Togo (French)	C	140	4			[2] 8	
Tunisia	C	33					
Union of South Africa	C	102	25		P		
ASIA							
Arabia	C	1					
Burma	C	1,294	219			13	
Ceylon	C	342	4				
China	C	555	47	14	14	22	15
India	C	48,103	4,791	509			
India (French)	C	2	1				
Indochina (French)	C	789	501				
Iran	C	24					
Iraq	C	5					
Japan	C	16,435		49	22		
Malay States	C	5	331	49	48	42	9
Palestine	C	[4] 2					

[1] Includes alastrim.
[2] Includes delayed reports.
[3] For the period July 1–20, 1946.
[4] Includes 1 imported case.

SMALLPOX—Continued

Place		January–May 1946	June 1946	July 1946—week ended— 6	13	20	27
ASIA—continued							
Rhodes (Island of)	C	[5] 1					
Siam (Thailand)	C	13,361	1,292	275	245		
Straits Settlements	C	[5] 1	22		4	3	1
Syria and Lebanon	C	8					
Turkey (See Turkey in Europe).							
EUROPE							
Czechoslovakia	C	24					
France	C	14			1		
Germany	C	1					
Gibraltar	C	3					
Great Britain:							
England and Wales	C	[6] 47	6				
Malta (Island of)	C	1	2				
Scotland	C	2					
Greece	C	114					
Italy	C	400	62				
Portugal	C	24	10	1	3		
Spain	C	[1] 4					
Turkey	C	11	5				
NORTH AMERICA							
Canada	C	2					
Guatemala	C	55					
Honduras	C	3					
Mexico	C	296	26				
SOUTH AMERICA							
Argentina	C	62					
Bolivia	C	363	89				
Brazil	C	[1] 15	1		6		
Colombia	C	478	47	16			
Ecuador	C	39	2				
Paraguay	C	180					
Peru	C	109					
Uruguay	C	17					
Venezuela	C	[1] 598	[1] 81				[1] 24
OCEANIA							
Hawaii Territory	C	[7] 1					

[1] Includes alastrim.
[5] Imported.
[6] Includes imported cases.
[7] Off-shipping.

TYPHUS FEVER*

[C indicates cases; P, present]

AFRICA							
Algeria	C	108					
Basutoland	C	3	3				
Belgian Congo [1]	C	1,798	303	20		26	
British East Africa: Kenya [1]	C	20	1				
Egypt	C	1,232	66	4			
Eritrea	C	288	74	10	8	54	
French West Africa: Dakar District	C	3					
Libya	C	55	11	2	1		2
Morocco (French)	C	2,931	457			[2] 115	
Morocco (Int. Zone)	C	52					
Morocco (Spanish)	C	1					
Nigeria	C	26					
Rhodesia, Northern	C	1					
Sierra Leone [1]	C	3					
Tunisia [1]	C	183					
Union of South Africa [1]	C	98	59		P		

*Reports from some areas are probably murine type, while others probably include both murine and louse-borne types.

See footnotes at end of table.

TYPHUS FEVER—Continued

Place		January–May 1946	June 1946	July 1946—week ended— 6	13	20	27
ASIA							
Arabia [3]	C	1					
Burma [3]	C					1	
China	C	27	18	2	2	3	2
India	C	284					
Indochina (French)	C	2	7				
Iran	C	137					
Iraq	C	114	19	7	7	9	
Japan	C	26,527		220	143		
Malay States	C		3				
Palestine [3]	C	29	2				
Straits Settlements	C	1					
Syria and Lebanon	C	75	3				
Trans-Jordan	C	14	5	2			
Turkey (See Turkey in Europe).							
EUROPE							
Albania	C	53					
Austria	C	30					
Belgium	C	3					
Bulgaria	C	824	99		8		
Czechoslovakia [1]	C	725	37				
France [1]	C	12			2		
Germany	C	1,874					
Great Britain:							
England and Wales	C	1					
Malta [3]	C	9	1				
Greece [1]	C	233	33	8	8		3
Hungary	C	615	87				
Italy	C	6				[1] 2	
Netherlands	C	15					
Poland	C	2,831	168	26			
Portugal	C	3		1			
Rumania	C	6,641	526				
Spain	C	5	1				
Sweden [3]	C	1					
Turkey	C	972	101	8	8	10	4
Yugoslavia	C	2,219					
NORTH AMERICA							
Costa Rica [3]	C	41	7		1	4	
Cuba [3]	C	4	6				
Guatemala	C	385					
Jamaica [3]	C	14	5	3		2	
Mexico	C	589	166				
Panama (Republic)	C	2					
Puerto Rico [3]	C	35	10	3	6	4	5
Virgin Islands [3]	C	2					
SOUTH AMERICA							
Argentina	C	2					
Bolivia	C	109	21				
Chile	C	97					
Colombia	C	121					
Ecuador [1]	C	409	133				
Paraguay	C	1					
Peru	C	290					
Venezuela [1]	C	50	11				
OCEANIA							
Australia [3]	C	83	12				
Hawaii Territory [3]	C	21	3	1			

[1] Include cases of murine type.
[2] For the period July 1–20, 1946.
[3] Murine type.

YELLOW FEVER

[C indicates cases; D, deaths]

Place		January–May 1946	June 1946	July 1946—week ended—			
				6	13	20	27
AFRICA							
Ivory Coast: Bobo Dioulasso	C					[1] 1	
Nigeria:							
Ibadan	C	1					
Kafanchan	C			2			
Ogbomosho	C	1	39				
Sierra Leone: Pujehan	C		1				
SOUTH AMERICA							
Bolivia: Santa Cruz Department	D	[2] 40					
Brazil: Para State	D	1					
Colombia:							
Caqueta Territory	D	1					
Magdalena Department	D	1					
Santander Department	D	1					
Venezuela:							
Tachira State	C	4					
Trujillo State	C	4					
Zulia State	C	4					

[1] Suspected.
[2] 14 of these deaths have been confirmed.

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FEDERAL SECURITY AGENCY

United States Public Health Service

THOMAS PARRAN, *Surgeon General*

DIVISION OF PUBLIC HEALTH METHODS

G. ST. J. PERROTT, *Chief of Division*

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UNITED STATES GOVERNMENT PRINTING OFFICE, WASHINGTON: 1946

For sale by the Superintendent of Documents, Washington 25, D. C.

Price 10 cents. Subscription price $4.00 a year

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